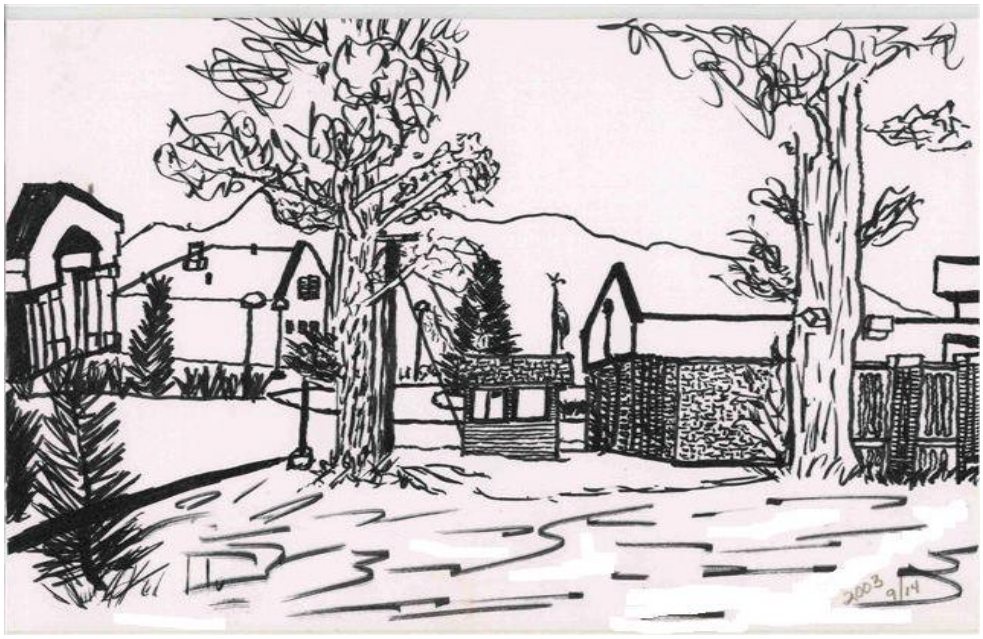
Montana State Hospital

Annual Report

Fiscal Year 2004



"The Hospital"
Drawing by K.W.
September 2003

Ed Amberg
Hospital Administrator

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Montana State Hospital

Annual Report FY 2003-2004

Introduction

"What's today's census?"
"How many admissions has there been this month?"
"Where are they all coming from, and why?"
"Where are you putting all the people?"
"What is this doing to your budget?"
"How are your staff coping?"

People interested in mental health in Montana asked these questions of state hospital staff repeatedly as the census was the predominating issue facing Montana State Hospital (MSH) throughout fiscal year 2003-2004 (FY 04)(ending June 30, 2004). Admissions for the FY 04 were up by 18% over the previous year (581 compared to 492). The average daily census was up by 6% (189 compared to 178). And notably, discharges were also up in FY 2004 (571 compared to 484). All of this translates into a greatly increased workload that for the most part was handled very well by hospital staff and within budget. Our treatment units were crowded and funds were very tight, but the bottom line is that patients still received good care and a number of worthwhile accomplishments took place.

This report summarizes the services provided by Montana State Hospital during fiscal year 2003-2004, and lists accomplishments for the year as well as areas of focus for the coming months. We believe that it is important to provide the mental health community and the public with timely and accurate information about the Hospital and the people who come to us for care. MSH serves people from communities across the state by providing high quality inpatient services that are not available on the local level, even in communities with a well-developed community mental health program and a hospital that has an inpatient psychiatric unit. We firmly believe the services provided by MSH are an important component of a comprehensive system of care. We also believe the information presented in this report clearly indicates how important these services are to individuals and organizations in every Montana community across the state.

Hospital Mission

The mission of the Hospital as directed by statute (53-21-601 M.C.A.) is to stabilize persons with severe mental illness and to return them to the community as soon as possible if adequate community-based support services are available.

The Hospital has adopted the following statements on mission, vision, and guiding principles in order to articulate important organizational philosophies to patients, their families, employees, and others outside of our organization. These are:

Mission

To provide quality psychiatric evaluation, treatment, and rehabilitation services for adults with severe mental illness from communities across Montana.

Vision

To be the leader in providing innovative mental health services which enhance the quality of life for Montanans. In doing so, we will maximize individual ability, potential, and satisfaction.

Guiding Principles

- Keep people safe
- Treat people with respect, trust, and dignity
- Consider all patient needs with sensitivity
- Utilize a holistic approach for provision of care
- Assist patients toward achieving greater levels of self-sufficiency and autonomy
- Support informed choice and decision-making
- Advance the mission of the hospital through teamwork
- Ensure public trust through personal and professional integrity

As an agency under the DPHHS Addictive and Mental Disorders Division, the hospital makes every effort to coordinate care and develop improved public mental health services in local communities. Hospital staff participate on a number of committees and task forces that address public mental health and chemical dependency services in Montana.

Points of Pride

The staff of Montana State Hospital are very proud of the service we provide to the citizens of this great state. Among the many things we are most proud of are the following:

- We are proud of our ability to provide compassionate care and quality mental health treatment to people who come to us from community mental health programs, hospital emergency rooms and psychiatric units, homeless shelters, county jails, and state correctional facilities across the state. At Montana State Hospital, patients find experienced professionals who care about the people they serve and actively promote patient and family involvement in treatment and self-determination.

- We are proud of the fact that we are able to meet the needs of complex patients. Within our population we see a high prevalence of people with medical problems, substance abuse problems, brain trauma, developmental disabilities, and other disorders and health problems besides what are traditionally considered to be serious mental illnesses. Our staff are very skilled at diagnosing these problems and providing effective treatment using a multidisciplinary team approach. When the problem exceeds our capacity to provide care, our staff are very good at accessing resources in the community needed to better serve the patient.

- We are very proud of the experience our staff have treating people with mental illness. Our 391 employees have a combined total of 5,708 years of service at Montana State Hospital. The average (mean) length of service among our staff is 14.5 years and the median is 15.5 years.

- We are proud of our Hospital campus, which is over 400 acres and is located in the beautiful Deer Lodge Valley and is adjacent to the Warm Springs Game Management area. Our grounds are the actual site of the “Deer Lodge” a hot springs mound that was an important geographical landmark to Native

Americans who passed through this area on the way to their traditional hunting grounds on the Western Plains. Our campus includes a pond where our patients can catch rainbow trout and is the home to many species of wildlife including deer, moose, waterfowl, and raptors.

- We are proud of the support we provide for patient families. We meet regularly with family members and include them in treatment and discharge planning whenever possible. Televideo conferencing is available for families unable to travel to our hospital. We also have a housing unit on our Hospital grounds where families can stay at nominal cost for short periods of time in order to visit their loved ones. The Hospital also provides information to families over the Internet.

- We are proud of the clinical training opportunities we provide for university students around the state. In the past year, 173 nursing students from five different Montana universities completed clinical rotations at Montana State Hospital. Other clinical experiences have been provided for students studying to be pharmacists (Pharm. D. from the University of Montana), physician assistants (Rocky Mountain College), psychologists (University of Montana and Montana State), and nurse practitioners (Gonzaga University). Several MSH employees are also enrolled in the nursing program at Montana Tech and we have allowed them to adjust their work schedules and provided other support in order to encourage and accommodate their educational studies.

- We are proud of our support for patient independence and self-advocacy. Our approach grants increasing levels of independence and responsibility as patients respond to treatment. We have an active Resident's Council that provides input from a patient perspective on Hospital issues and also provides a number of peer support activities. The Resident's Council was recognized as one of Montana's Outstanding Mental Health Programs in 2003. We allow patient's the opportunity for input and choice whenever possible. We also support our patients in making the transition from the Hospital to the community by enrolling them in benefit programs, providing transportation, setting up appointments, arranging for medications, and providing aftercare support whenever requested. The stereotype of locking people away in a state institution is not at all what occurs at MSH. Many of our patients feel they are far less restricted in our facility than they have been in other programs.

- We are proud of the way we utilize a team approach to the provision of care, recognizing the value of each member's contribution to the team and ultimately to the patient. All members of our organization have important perspectives and their input on decisions is valued. We firmly believe we are stronger and make better decisions as a team than we do as individuals.

Accomplishments for FY 2004

There are a number of important accomplishments to report in fiscal year 2004. Among the most notable are:

- A team from MSH attended a National Executive Training Institute for the Reduction of Seclusion and Restraint program titled, "Creating Violence Free and Coercion Free Mental Health Treatment Environments." The program was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and relates to the President Bush's New Freedom Initiative on mental

health, which has as one of several objectives, the elimination of restraint and seclusion interventions. Following the training, a violence reduction committee was established at MSH and key concepts from the training have been adapted and are beginning to show results.

- MSH Medical Director and psychiatrist on the Geriatric Treatment Program, Thomas Gray, M.D. was recognized as an "Exemplary Psychiatrist" in the field of geriatric psychiatry by the National Alliance for the Mentally Ill (NAMI). He was among several psychiatrists nationwide selected for this recognition by NAMI leaders from 1,200 local and state affiliates.

- A four member clinical team attended the "Neuroscience Treatment Team Partners – Excellence in Psychiatry Program" training sponsored by the University of Medicine and Dentistry of New Jersey and Eli Lilly. This program trains staff to use psycho-educational services to help patients and their families better understand mental illness and its treatment. As a result of the training, several new patient education programs have been initiated at MSH.

- MSH provided clinical rotations to 173 nursing students enrolled in university programs around the state. These experiences included a 2.5-hour introduction and a clinical experience on hospital treatment units that ranged from 12 to 32 hours. The following nursing programs participated:

    - Montana Tech – Butte 78 students
    - Montana State University – Great Falls 32 students
    - Montana State University – Billings 24 students
    - Montana State University – Missoula 4 students
    - Salish-Kootenai – Pablo 33 students

  In addition, two students from the Montana State University Great Falls nursing program completed a 144 hour Nursing Management Clinical Experience at Montana State Hospital. Other student clinical rotations have been provided for Physician Assistant, Nurse Practitioner, and Doctorate in Psychology candidates.

- University of Montana Pharm. D. (Doctorate in Pharmacy) students began extended clinical rotations at MSH and the McKesson Pharmacy located on the Hospital campus. These students quickly proved to be an excellent resource for nurses, psychiatrists, and other medical staff members.

- Margaret Osika, Ph.D., MSH Psychologist served on the Governor's Advisory Council on Disability.

- MSH staff implemented several new patient groups and on-unit activities during evening hours to better structure this period of the day. A therapist was also hired to work afternoon and early evening hours on A Unit to provide additional services for recently admitted patients.

- MSH provided training to staff on deaf culture and services for deaf and hard of hearing patients including TTY telephone procedures.

- A "Women's Health Group" was established and participants planned a Women's Health Week and gave presentations on several important topics to their peers. The group also developed educational displays that were exhibited in the Hospital rotunda.

- Susan Beausoleil, MSH Director of Nursing organized a series of meetings for the Directors of Nursing from other DPHHS facilities to address medication dispensing and security issues and other topics important to each facility.

- MSH developed an Institutional Review Board to review and approve research projects involving Montana State Hospital patients. To date, two projects have been approved, one by Ellen Crouse, a doctoral candidate in psychology at the University of Montana, and one by Amber Edwards, RN, a Hospital employee and Nurse Practitioner Candidate at Gonzaga University.

- A statewide steering committee was established to oversee the expansion of Dialectical Behavioral Therapy (DBT) in Montana. Polly Peterson, Ph.D., Chief of the Hospital's Psychology Department was instrumental in the establishment of the committee and provision of training at the Hospital and throughout the state. The goal of the steering committee is to implement DBT as an evidenced-based practice throughout Montana's public mental health system.

- In response to the high patient census, the Hospital opened the "Adult Transitional Shelter Care Unit" (ATSCU) in September in the old Receiving Hospital Building. This unit was opened with no additional funding and no additions to the Hospital's staff by shifting resources from other programs. The ATSCU is an open unit that provides maximum independence on the Hospital campus for patients who are ready for discharge but waiting for a bed in the community.

- In September, MSH hosted the 2003 annual conference of the Western Psychiatric State Hospital Association (WPSHA) at Fairmont Hot Springs. Members toured the Hospital and both MSH staff and patients presented during the conference. The organization also elected MSH Chief Executive Officer, Ed Amberg to be President of WPSHA. He will hold this office for three years, through the 2006 conference. Ed also presented at the Mid-Western State Hospital Conference in St. Louis in the spring.

- The Mental Disabilities Board of Visitors conducted a site review of MSH in November. The Board was very complimentary about Hospital services and made the single recommendation to expand co-occurring treatment services for people with mental illness and substance abuse problems, something that the Hospital is actively pursuing.

- The hospital environment was enhanced by placing street signs and building identification signs in appropriate locations around the campus. These signs provide directions to key buildings and also enabled Anaconda-Deer Lodge County to assign a street address to every building on campus.

- Tatajana (T.J.) Caddell, D.O., staff psychiatrist on the Acute/Admissions Unit was named President-Elect of the Montana Psychiatric Association.

- MSH took delivery on a new wheelchair van marking the first time the Hospital ever had a vehicle in which wheelchairs can be properly secured. The Hospital also took delivery on a previously owned fire engine, greatly improving emergency response capabilities.

- Polly Peterson, Ph.D., represented MSH on the Co-Occurring Taskforce sponsored by the Addictive and Mental Disorders Division to develop co-occurring mental health and substance abuse treatment services statewide.

- Hospital CEO Ed Amberg served as the Acting Administrator of the DPHHS Addictive and Mental Disorders Division following the retirement of Dan Anderson in November, 2003. Ed helped select Dan's replacement Joyce DeCunzo and also participated in a statewide "listening tour" to gather input on system needs and help Joyce become acquainted with Montana's public mental health system.

- The Spratt Building received a new roof and a remodeling project was begun to improve the patient care environment within the building.

- A computer training committee was established to oversee training efforts to enhance employee skills. The introductory class was titled, "Employee Access to State Computers" and helped employees learn basic computer skills.

- MSH staff developed and implemented crisis prevention and coping plans for all patients that are completed soon after admission. These plans help identify antecedent events that may escalate patient behaviors and de-escalation techniques that the patient believes may be helpful.

- Ed Amberg, Hospital CEO, was appointed to the Governor's Council on Homelessness by Montana Governor Judy Martz.

- The Hospital met the demands of increased admissions and an increased patient population with dedication, hard work, and innovation. Although the Hospital saw an 18% increase in admissions over the previous year and an average patient population of 189, 14 over the number that was budgeted and staffed for, the Hospital operated within budget and within it's allocated staffing level. Staff members are to be commended for rising to the occasion and providing quality care to the people who come to us from all across Montana for inpatient treatment not available in local communities.

- Ossie, Watkins, OTL, Team Leader on the Acute Psychiatric Program, represented Montana State Hospital on the Local Mental Health Advisory Council for Butte and Southwest Montana.

Areas of Focus for 2005

Montana State Hospital believes in "continuous quality improvement." We constantly try to improve services to our patients and utilize up-to-date and evidence-based treatment approaches. We make every effort to provide our patients and their families with the very best mental health care and treatment, and to utilize the resources available to us effectively and efficiently. The following issues are among those we will be addressing during FY 2005.

- We are working to improve co-occurring treatment services. We recently added a third licensed addiction counselor to our staff and have initiated a task force to review service delivery and needs of our patient population.

- We are working to reduce incidents of violence within the Hospital setting. The population we serve, by its very nature, includes people whose behaviors include

threatening and harming others. We are working to develop more effective prevention and management strategies to protect patients and staff and ensure a safe environment conducive to the therapeutic process.

- We are working to improve our information systems. We need to better develop data reporting systems to we can make informed clinical and management decisions. We need to be able to meet new healthcare regulations regarding electronic information systems and use new technologies to enhance patient care.

- We are working to provide better support to patients transitioning between the Hospital and community mental health programs. Many patients experience difficulty transferring to other programs and all too often, drop out of care altogether, or are rapidly readmitted to MSH.

- We are working to increase peer support activities and services to patient families. We have an active resident's council that does provide some peer support activities and also provides valuable input to Hospital management, but we hope to see these services expand and develop further.

- We are working to address employee pay issues. The Hospital has been successful in maintaining a stable workforce and in it's recruitment of mental health professionals. But in recent years, we have fallen behind in our ability to offer competitive pay to experienced mental health clinicians and to direct care staff. Our employees are our greatest asset. We make every effort to provide a good work environment and value each person's contribution to our team. The salaries we offer need to reflect the value of our employee's service to the citizen's of Montana and the people we serve.

- We are working to increase the skill level of our workforce. MSH employs significantly fewer people with advanced clinical training in comparison with similar healthcare organizations. This is not to say that our staff aren't very skilled and very capable, but new healthcare standards and technologies demand a highly trained and educated workforce. We need to increase the level of training provided to our staff and increase the percentage of employees who have attained an advanced education degree and hold appropriate clinical credentials.

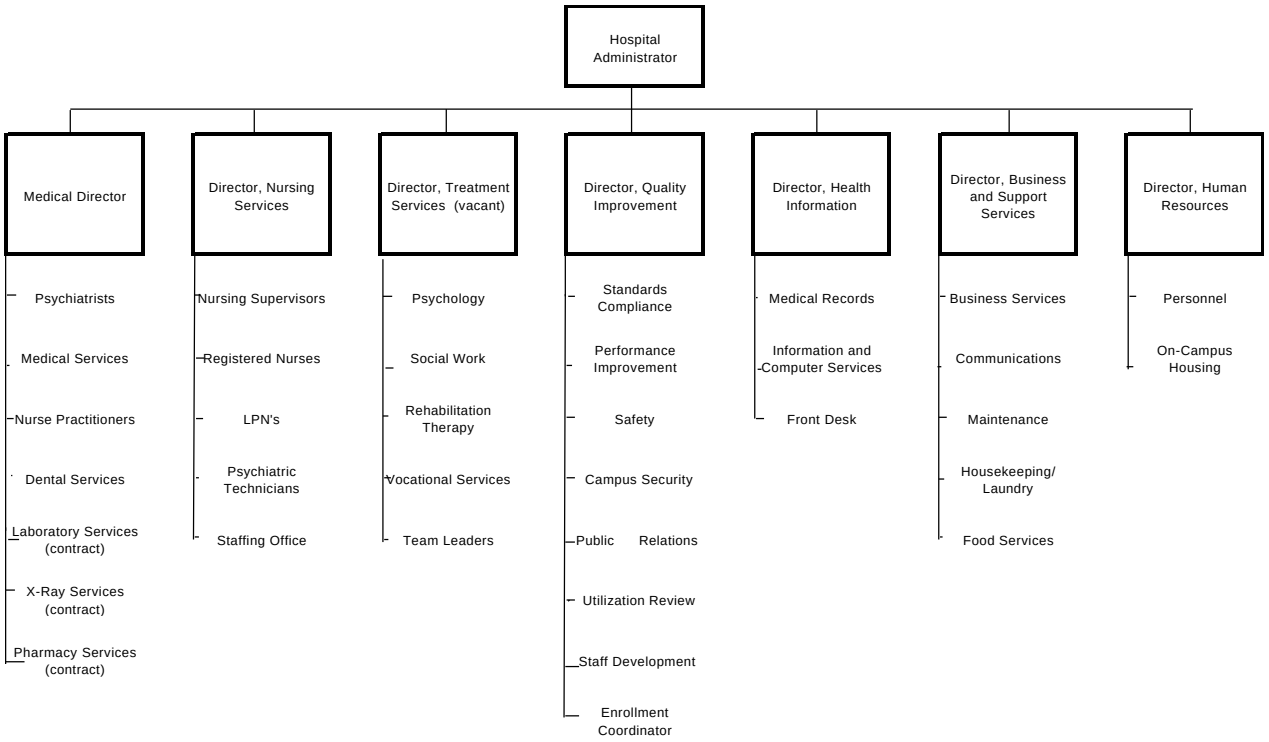
- We are working to improve the environment of care at our Hospital. The Main Hospital building, opened in 2000, provides a very good environment for patient care. However, 30% of our patient population resides on the Spratt Building or Receiving Hospital and the environment in these buildings is not nearly as conducive to patient treatment. We've made some small improvements this past year and we hope to be able to make more in the future. We also hope to make further improvements to our campus environment by maintaining the grounds; removing old trees and planting new ones, picking up litter, improving streets and walkways, and beginning to remove some of the many abandoned buildings.

- We are working to expand the availability of treatment activities offered to patients during evening and weekend hours.

- We are working to transition our hospital fire department to an "Institutional Fire Brigade" consistent with Montana statutes and fire protection standards.

Organizational Structure

Hospital management emphasizes a patient-centered team approach with the belief that each staff member is a significant contributor to the provision of care. The Hospital's general organizational structure is delineated in the chart below:



The organizational structure remained largely unchanged throughout FY 04. It should be noted that the Director of Treatment Services position remains on the chart, though it has been vacant since the end of 2000. Clinical Discipline Chiefs and Team Leaders report directly to the Hospital Administrator. This provides for a flatter organization structure with an emphasis on cooperation between these important organizational components.

Montana State Hospital Treatment Program Descriptions

The Hospital is divided into five treatment programs, each emphasizing services for a particular group of patients. A description of each program follows.

Acute Program

Location: A Wing of the main hospital building
Capacity: 31 beds
Population served: Adult patients recently admitted to Montana State Hospital.

Brief Program Description: This unit serves as the admissions unit for Montana State Hospital. Upon admission to the Hospital, most patients will be placed in this program. Program objectives include providing each patient with a thorough assessment and diagnostic work-up and treatment directed at stabilizing each person's symptoms so they can be promptly discharged to appropriate community services to continue their recovery process. Treatment interventions utilized include medication management; education concerning psychiatric illnesses and medications; short-term groups, crisis intervention strategies, brief individual therapy, behavior modification, chemical

dependency counseling, and various types of rehabilitation modalities. Patients needing to be hospitalized for a longer period of time are usually transferred to other hospital treatment programs after the most acute symptoms have been stabilized.

Psychiatrists: T.J. Caddell, D.O. – 693-7142
Prakash Shet, M.D.- 693-7107
Team Leader: Ossie Watkins, O.T.L. – 693-7091
Nursing Supervisor: Nici Wallis, R.N.,C. – 693-7146

Geriatric Program

Location: B Wing of the main hospital building
Capacity: 26 beds
Population served: This unit treats patients who have physical or cognitive disorders and require a high level of nursing care in addition to active treatment for their psychiatric condition or are elderly. Patients fall into a wide range of diagnostic categories including thought disorders, mood disorders, and dementia. The unit also contains a four bed medical ward for patients who need close monitoring for a physical health condition.

Brief Program Description: This program provides a high level of assistance for individuals who need help with self-care and activities of daily living as well as active treatment for a psychiatric condition. Program emphasis is on assessment, evaluation, and treatment of significant behavioral problems that prevent placement in community settings including nursing homes or the Montana Mental Health Nursing Care Center. Treatment approaches include medication assessment and stabilization, involvement in a therapeutic milieu, recreational and occupational therapy, intensive nursing care, education about mental illness for patients, guardians and family members, as well as other treatment options consistent with the individual needs of each patient.

Psychiatrist: Thomas Gray, M.D. – 693-7051
Team Leader: Ossie Watkins, O.T.L. – 693-7091
Nursing Supervisor: Dave Olson, R.N.,C. – 693-7083

Forensic Program

Location: D Wing portion of the main hospital building
Capacity: 32 beds
Population served: This unit treats patients admitted to Montana State Hospital on forensic commitments including Criminal Competency Evaluation (COE); Unfit-to-Proceed (UTP); Not Guilty by Reason of Mental Illness (NGMI); Guilty but Mentally Ill (GBMI); and Detention as ordered by district courts for individuals with mental illnesses in the process of adjudication on criminal charges.

Brief Program Description: This program provides comprehensive assessment and evaluation services as required for criminal court proceedings. In addition, patients are provided a full-range of active psychiatric treatment in a secure setting. Medication stabilization, involvement in a therapeutic milieu; education concerning mental illness, sex offender treatment, dual disorder treatment, psycho-social-educational rehabilitation, and vocational therapy comprise major components of the program.

Psychiatrist: Virginia Hill, M.D. – 693-7122
Team Leader: Ray McMillan – 693-7422
Nursing Supervisor: Mary Pat Clark, R.N.,C. – 693-7472

Intensive Program

Location: E Wing of the main hospital building
Capacity: 25 beds
Population served: The patient population on this unit is comprised of patients on Forensic Commitments and patients on Civil Commitments who present serious behavior problems and require an intensive level of treatment and structure to address these issues.

Brief Program Description: The Intensive Program provides the services described above for patients on Forensic Commitments. In addition, the program provides a very structured and behaviorally oriented treatment approach that targets serious behavior problems leading to placement of civilly committed patients on this unit. Psychotropic medications, including medication trials, are used to stabilize acute symptoms of psychiatric disorders. Other therapeutic interventions include anger management therapy, effective communication strategies, education about mental illness, medications, and treatment; group therapy, recreational therapy, psycho-social-educational rehabilitation and individual therapy when appropriate. The focus is to identify the individual's next placement and identify behavioral changes needed to make that placement successful.

Psychiatrist:	Vacant (utilizing locum tenens) – 693-7122
Team Leader:	Ray McMillan – 693-7422
Nursing Supervisor:	Cathy Harris, R.N.,C. – 693-7265

Psychosocial Rehabilitation Program

Location: Spratt Building
Capacity: 60 beds *[Note: Unit capacity was reduced to 52 in the Fall of 2003 to reduce overcrowding and to provide a more therapeutic environment, though the facility remains licensed for 60 beds]*
Population served: Patients requiring extended hospitalization due to significant and unresolved psychiatric illness and dysfunction. Patient diagnoses typically include schizophrenia, schizoaffective disorder, major depression, bipolar disorder and a variety of Axis II (personality) disorders. Patients referred to this unit are those who need significant assistance in performing self-care activities required for independent living. Their disabilities may extend the time needed for stabilization or recovery and sometimes even the degree of recovery they will experience.

Brief Program Description: The program focus is on development of skills needed for community living. Treatment consists of medication management; education concerning psychiatric illnesses, medications, and self-care; and skill development in areas such as anger management, effective communication strategies, coping skills, education about the recovery process, group therapy, recreational therapy, and individual therapy when appropriate. The program also includes resident employment and/or school programs. Autonomy and personal choice are key elements of this treatment model.

Psychiatrist Team I:	Julie Maggiolo, M.D. – 693-7070
Psychiatrist Team II:	Liviu Goia, M.D. – 693-7477
Team Leader:	Helen Amberg, CTRS – 693-7075
Nursing Supervisor:	Nancy Rosenleaf, R.N.,C. – 693-7113

Transitional Care Units

Location: The two transitional care programs are located in separate residential housing units on the hospital campus. One house (Johnson House) is associated with the Psychosocial Rehabilitation Program; the other (Mickelberry House) is associated with the Forensic Program.

Capacity: Johnson House has a capacity of eight (8) patients; Mickelberry House has a capacity of seven (7) patients.

Population served: Patients in this program are relatively stable with regard to their psychiatric illnesses and have a need to refine and practice essential skills in normalized living environments to prepare for transition to community living.

Brief Program Description: This program is intended to provide a much lower level of care than that provided on the other units of the hospital. The program operates under standards governing operation of adult group homes by community mental health programs. A comprehensive recovery model is used for service delivery. Self-autonomy, personal choice, and development of functional skills are the focus of care delivery.

High involvement in discharge planning and preparation is maintained throughout Transitional Care Unit stays. Treatment and rehabilitation services are provided through involvement in other hospital services such as the Therapeutic Learning Center, vocational therapy laboratories, and nursing visits.

Johnson House Program Manager – Nancy Rosenleaf, R.N, C. – 693-7113
Mickelberry House Program Manager – Mary Pat Clark, R.N., C. – 693-7422

Adult Transitional Shelter Care Unit (ATSCU)

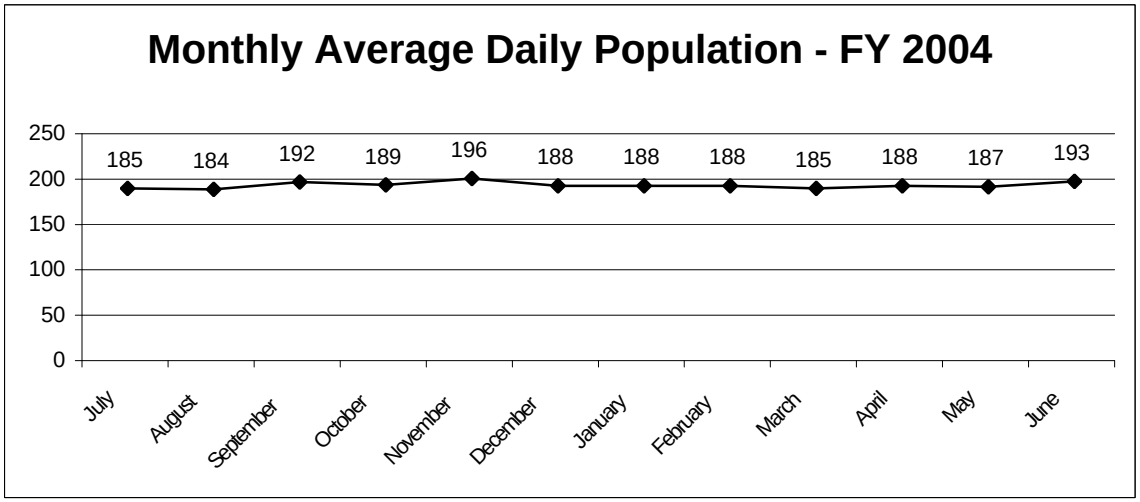
This unit was opened in September 2003 in response to the high patient census. The unit is located in B Ward of the Receiving Hospital Building and has a capacity of 20 patients. This building had been vacated when the new hospital building was opened in September 2000. The ATSCU provides a safe environment for patients who are ready for discharge but waiting for a community placement to become available. The unit is unlicensed because there are no suitable healthcare standards for the level of care provided. Services for patients on this unit have been developed by internally reallocating resources. No additional staff or funding has been provided to the Hospital.

Patient services center on maintaining involvement in therapeutic programs and resident employment. All patients in this program are on a self-medication routine. The program emphasizes discharge planning, personal responsibility, and continuing involvement in therapy. Maintaining the program has allowed the hospital to alleviate overcrowding on the Spratt Building by reducing the maximum patient census from 60 to 52.

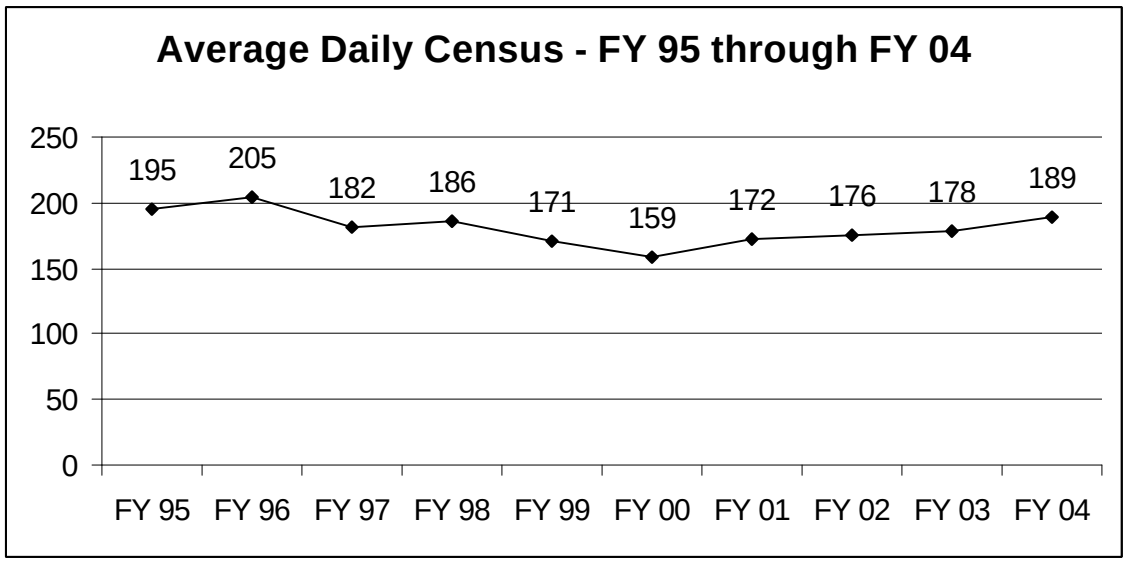
Team Leader: - Helen Amberg, CTRS – 693-7075

DATA – CHARTS – TABLES

The average daily census for FY 2004 was 189, the same as the licensed capacity of the Hospital. Legislative appropriations and staffing authorization was based on an anticipated average daily census of 175 for the year.



The Hospital's average daily census over the last ten years:



Hospital Capacity

Montana State Hospital operates in a facility designed for an average patient census of 135. The planning that took place for the construction and remodeling project completed in 2000 occurred at a time when the public mental health system in Montana was implementing managed care. The managed care system was expected to expand community services and lead to a significant reduction in utilization of the state hospital. As we now know, this did not come to fruition, and despite ongoing efforts to increase the types of mental health services available in Montana communities, demand for state hospital services continues to increase.

Location	Unit	Patient Population	Licensed Capacity
Main Hospital Building	A Unit	Admissions/Acute	31
Main Hospital Building	B Unit	Geriatric and Special Care	26
Main Hospital Building	D Unit	Forensic	32
Main Hospital Building	E Unit	Forensic and Behavior Management	25
Spratt Building	PRU	Psychosocial Rehabilitation	60 (limited to 52 to reduce crowding)
Johnson House	TCU	Group Home	8
Mickelberry House	FTCU	Forensic Group Home	7
		Total Licensed Capacity	**189**
Receiving Hospital	Adult Transitional Shelter Care Unit	Patients ready for discharge awaiting availability of community placement	20 unlicensed beds
		Total Campus Capacity	**209**

All of the Hospital units in the main building have operated above their licensed capacity at times during the year. The total licensed capacity has also been exceeded on numerous occasions during the year.

Designed Capacity for Facility	135
Budgeted Patient Level of FY 04	175
Licensed Bed Capacity	189
Highest Census during the year - 11/23/03	203
Lowest Census During the year - 12/24/03	171
Average Daily Census for FY 04	189

Actions taken to deal with the overcrowding included the following:

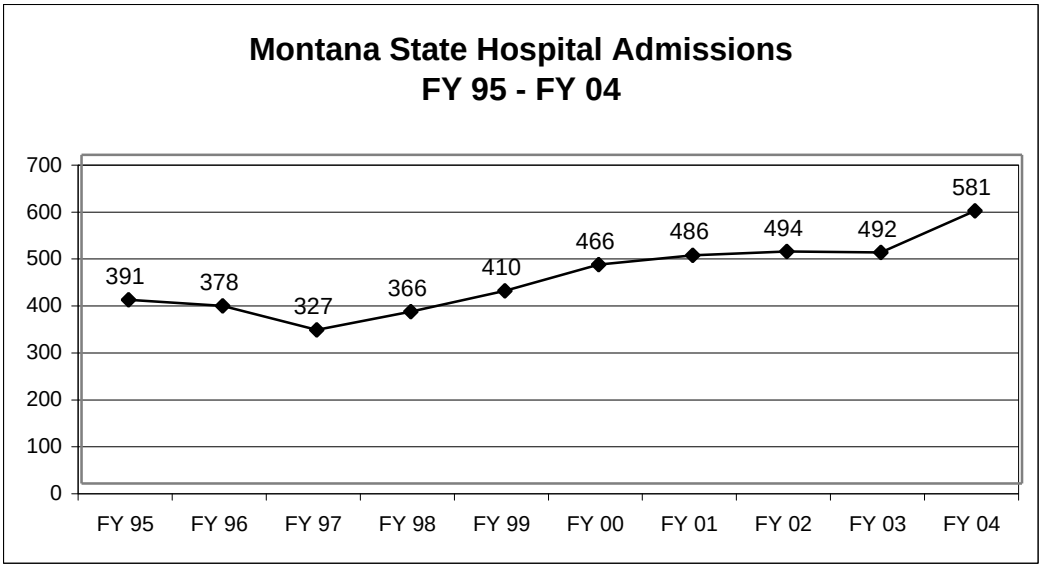
- A second bed was added to many patients rooms designed for single occupancy.
- Some on-unit conference rooms were converted to bedrooms. These rooms lacked a sink and water faucet and a built-in closet, but otherwise made serviceable patient rooms. However, it meant less space on the unit for groups and treatment team activities.
- Rooms designed to be seclusion or security rooms were used for patients needing close observation. The Hospital design includes more seclusion rooms than what is really necessary for our population, so because of overcrowding some are regularly used as patient bedrooms. Patients are not locked in these rooms, but they are very austere and uncomfortable environments to use routinely as patient bedrooms.
- In September 2003 the Adult Transitional Shelter Care Unit was opened. This is an unlicensed facility on Receiving Hospital. The Receiving Hospital Building had been abandoned when the main hospital was opened in 2000. The building does not meet code requirements for a healthcare occupancy, thus the unit is not licensed. Minimal staff supervision is provided. There is no psychiatrist assigned to cover the

unit, but patients are followed by the psychiatrist and other treatment teams members from the hospital unit they transferred from.

- AMDD contracted with First Health to provide two "Care Coordinators" to help find services for difficult to discharge patients. MSH staff have worked closely with these individuals and they have been helpful in making arrangements for aftercare services for several MSH patients who might not have otherwise been discharged.
- Consistent with the increased number of admissions, discharges were increased to 571 for the year, compared with 484 the previous year. The average length of stay for patients on civil commitments has been reduced, so that most patients entering MSH on an involuntary commitment stay about 40 days.

Admissions

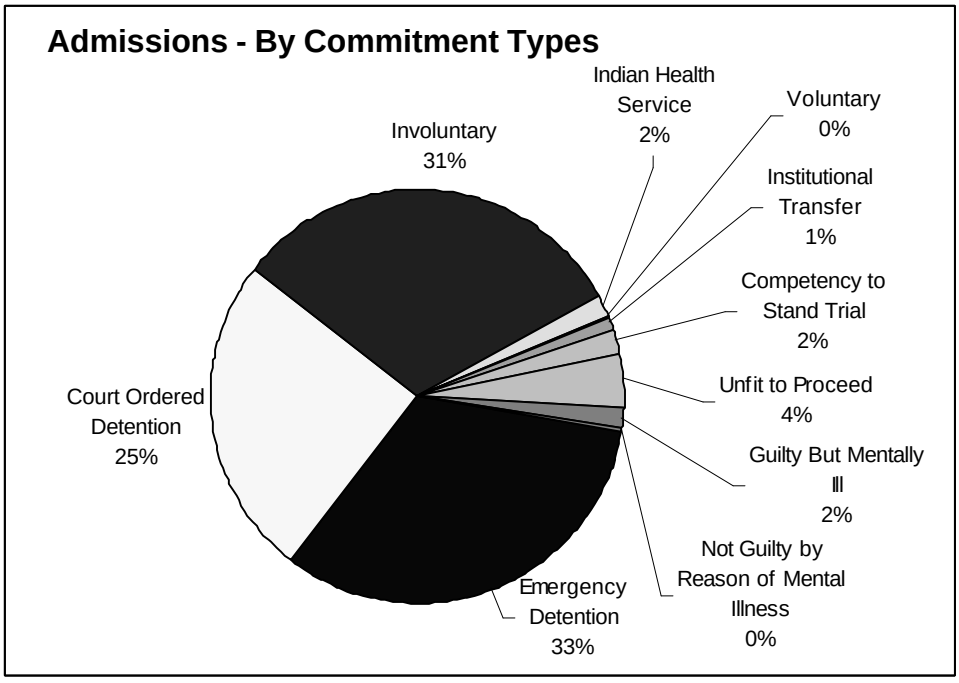
The Hospital admitted 581 patients during FY 04, and increase of 89 (18%) from FY 03. Admissions have increased by 67% over the past ten years, yet, as noted previously, the average daily census has declined slightly, from 195 in FY 95 to 189 in FY 04.



Types of Admissions

Commitment Type	Process	Description/Major Characteristics	Number of Admissions in FY 03-04
Emergency Detention	Civil	Detained pending commitment hearing – ordered by county attorney	191
Court Ordered Detention	Civil	Detained pending commitment hearing – ordered by district court or municipal court judge	145
Involuntary Commitment	Civil	Court finding of danger to self or others and no community alternative – initial commitment up to 90 days	182

Commitment Type	Process	Description/Major Characteristics	Number of Admissions in FY 03-04
Indian Health Services Involuntary Commitment	Civil	Civil commitment ordered by tribal court to Indian Health Services which pays for MSH hospitalization under contract	10
Voluntary	Civil	Patient requests admission and is screened by CMHC	1
Inter-Institutional Transfer	Civil	Transfer from another state institution (DPHHS or DOC) pending commitment hearing	5
Competency to Stand Trial Evaluation	Forensic	Evaluation to determine mental status	11
Unfit to Proceed	Forensic	Evaluation and Treatment to enable defendant to stand trial	25
Guilty but Mentally Ill	Forensic	Sentenced to DPHHS on criminal charges; may be transferred to DOC by Department Director	10
Not Guilty by Reason of Mental Illness	Forensic	Not guilty of criminal charges due to mental status	1
Total Admissions in FY 04			581

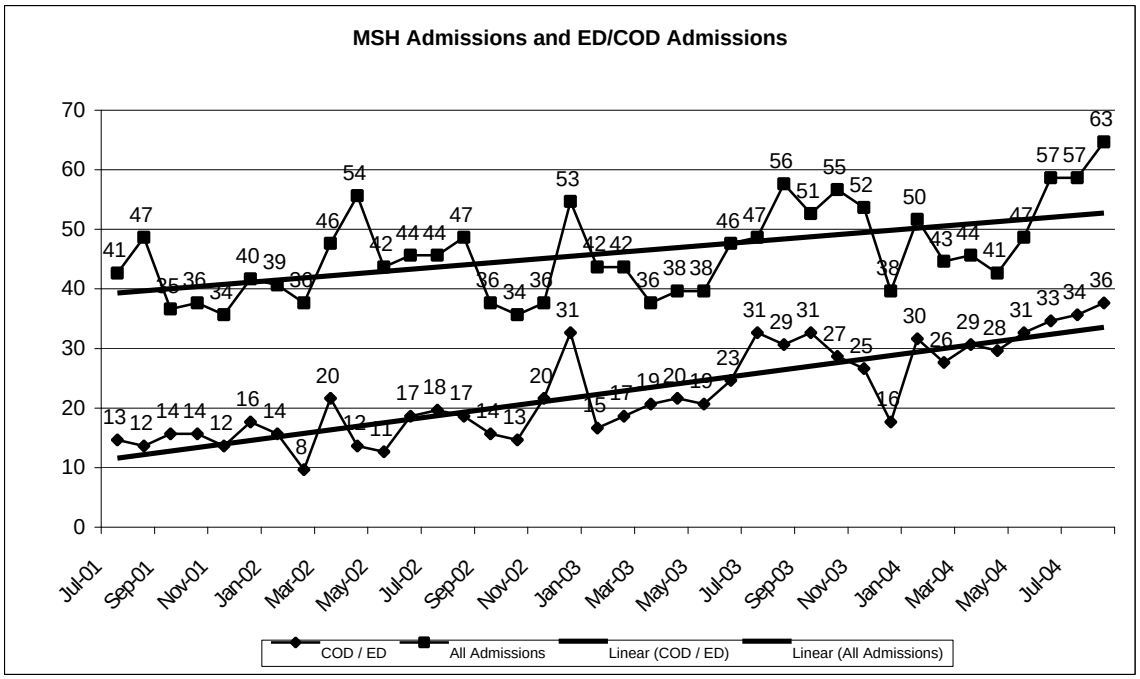


Trend of More Emergency Admissions

As the graph below illustrates, the Hospital has noted a significant trend over the last three years of more admissions occurring on an emergency basis. In FY 2002, approximately 33% percent of the admissions entered the Hospital on an emergency or court ordered detention basis. This past year, the number of patients entering the

Hospital on these two types of commitments rose to 58% of all admissions. The implications for patients and Hospital staff include:

- Less information about the patient is available to treating clinicians;
- More admissions are occurring during evening and weekend hours
- Many patients are intoxicated or at risk for withdrawal from alcohol and illicit substances;
- About 30% of all emergency or court ordered detention admissions are not committed through involuntary commitment proceedings;
- The process of completing involuntary commitment proceedings can often extend for several days and even several weeks. During this time many patients refuse treatment, resulting in increased deterioration of their psychiatric condition and disruption of other patients on the treatment unit. In these instances, the Hospital provides treatment in response to an emergency where patient or staff safety are endangered, but does not otherwise provide involuntary treatment until authorized through completion of involuntary commitment proceedings.



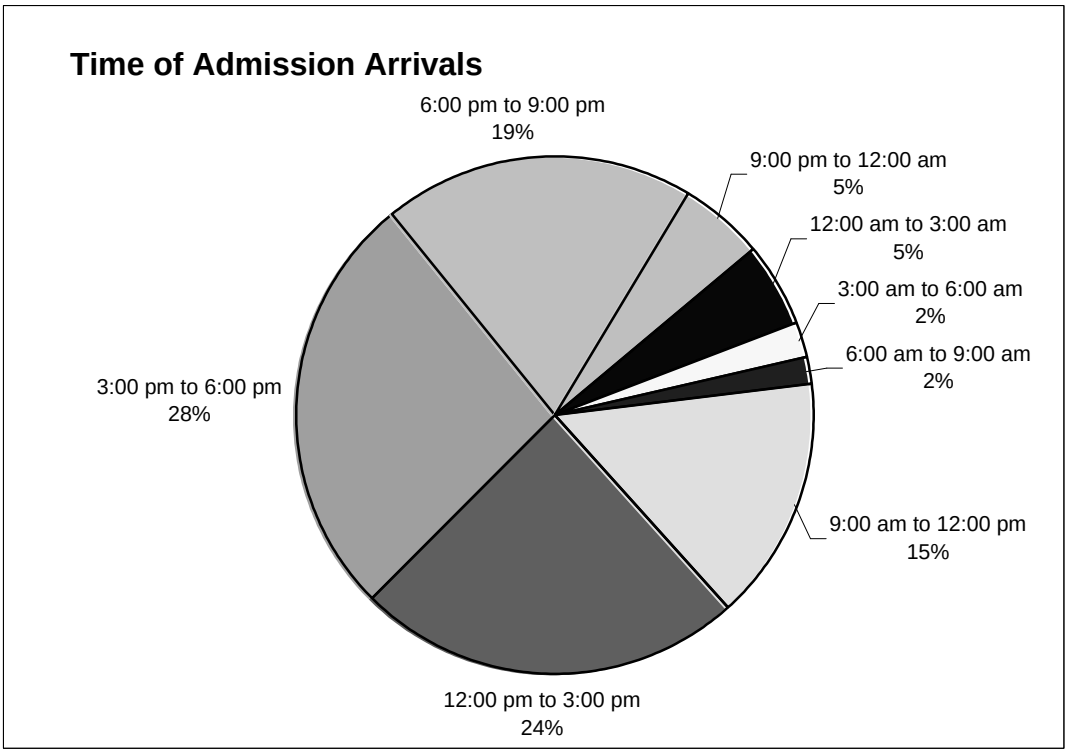
Time of Admission Arrival and Day of the Week

During FY 04, MSH noted that the most frequent time for admissions to arrive at MSH was late in the afternoon or early evening, and Friday was the most common day of the week to receive admissions. An increased number of weekend admissions were also noted. This is related to the increased number of emergency admissions. These are times when fewer mental health professionals or administrative staff are available and it can be difficult to assimilate a new patient on to a treatment unit. The Hospital is reviewing actions that can be taken in response to this trend, including adjusting staff schedules.

Montana State Hospital
Time and Day of the Week that Admissions Arrived
July 2003 - June 2004

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total	Percent
12AM - 1AM	2	1	1	1	3	1	1	10	2%
1AM - 2AM	1	1	0	2	2	3	0	9	2%
2AM - 3AM	3	4	1	1	0	2	1	12	2%
3AM - 4AM	1	3	0	0	1	0	2	7	1%
4AM - 5AM	0	0	0	0	1	0	1	2	0%
5AM - 6AM	0	1	1	0	0	0	1	3	1%
6AM - 7AM	1	0	1	1	2	0	0	5	1%
7AM - 8AM	1	0	0	0	0	0	1	2	0%
8AM - 9AM	1	0	2	0	0	0	0	3	1%
9AM - 10AM	0	5	1	2	4	5	0	17	3%
10AM - 11AM	0	0	0	4	10	9	4	27	5%
11AM - 12 PM	1	4	7	5	8	15	5	45	8%
12PM - 1PM	4	1	12	6	12	9	0	44	8%
1PM - 2PM	2	5	14	9	16	9	2	57	10%
2PM - 3PM	5	3	3	7	10	11	1	40	7%
3PM - 4PM	2	6	8	6	7	7	6	42	7%
4PM - 5PM	1	8	11	12	6	22	1	61	10%
5PM - 6PM	4	8	8	7	9	16	0	52	9%
6PM - 7PM	0	8	12	8	10	10	1	49	8%
7PM - 8PM	3	9	5	8	2	7	1	35	6%
8PM - 9PM	3	1	8	4	4	7	1	28	5%
9PM - 10PM	0	1	3	3	3	2	0	12	2%
10PM - 11PM	0	0	1	2	1	2	1	7	1%
11PM - 12AM	0	1	1	2	4	3	1	12	2%
Total	35	70	100	90	115	140	31	581	
Percent	6%	12%	17%	15%	20%	24%	5%		

Friday is our busy day for admissions, followed by Thursday and Tuesday



Primary Diagnosis of Patients Admitted

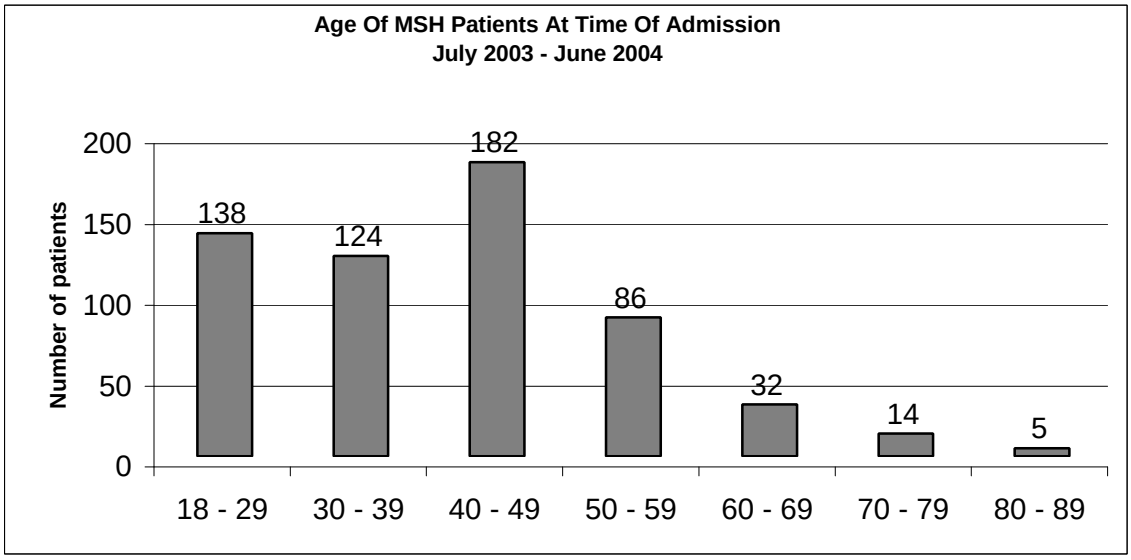
The table below gives the primary diagnosis reported by the referring/evaluating professional in the community for patients admitted to MSH during FY 04. It should be noted that professionals at the Hospital sometimes differ with community professionals on the diagnosis of a particular patient. In the table below, alcohol and other substance abuse seems greatly under represented. Montana State Hospital clinical staff report that substance abuse is a primary factor in at least 20% of the admissions to the Hospital and 58% of the patients admitted during the year had a co-occurring substance abuse problem that was at least a contributing factor to the admission. Personality Disorders also appear to be significantly underrepresented in the primary diagnoses reported by the community.

Schizophrenia	136
Bipolar	131
Depression	115
Psychosis, Not Otherwise Specified	52
Schizoaffective	51
Organic Impairment	23
Personality Disorder	19
Mood Disorder	11
Delusional Disorder	6
Adjustment Disorder	4
Dysthymia	2
Post Traumatic Stress Disorder	2
Amnestic Disorder	1
Developmental Disorder	1

Dissociative Disorder	1
Factitious Disorder	1
Hepatic Encepalophy	1
Mild Mental Retardation	1
Schizophreniform Disorder	1
Substance Abuse	1
Substance Induced Mood Disorder	1
No Diagnosis Given	20
Total	581

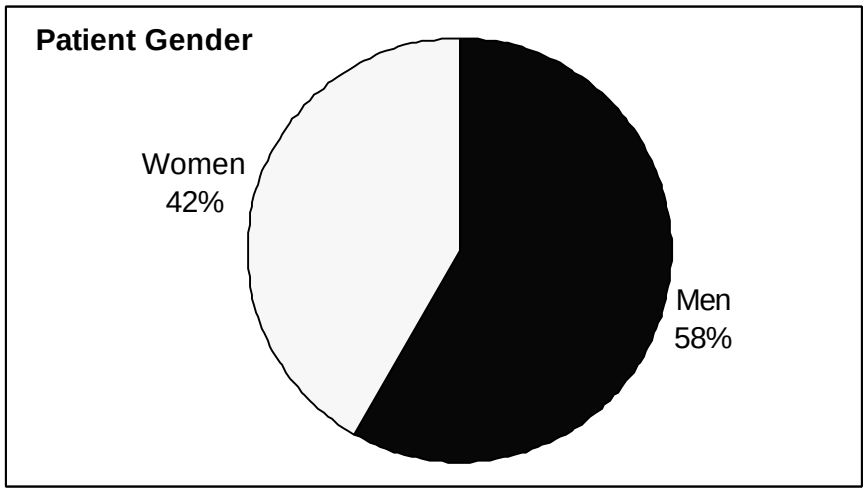
Age of Patient Admitted During FY 04

The median age of patients admitted during FY 04 was 40, slightly less than the median age reported over the past two years. Notably, only 8% of the patients admitted during FY 04 were 60 years of age or older. This continues the trend of decreasing numbers of older adults being admitted to Montana State Hospital.



Gender

There was a slight increase in the percentage of female patients admitted during FY 04.



Rate of Admissions by County

County	Admissions in FY 2004	2000 County Census	Admissions per 1,000 residents
Silver Bow	96	34,606	2.77
Deer Lodge	23	9,417	2.44
Park	24	15,694	1.53
Powell*	9	7,180	1.25
Lewis and Clark	62	55,716	1.11
Custer	12	11,696	1.03
Fergus**	12	11,893	1.01
Missoula	92	95,802	0.96
Musselshell	3	4,497	0.67
Beaverhead	6	9,202	0.65
Valley	5	7,675	0.65
Gallatin	44	67,831	0.65
Sanders	6	10,227	0.59
Madison	4	6,851	0.58
Blaine	4	7,009	0.57
Yellowstone	73	129,352	0.56
Sweet Grass	2	3,609	0.55
Sheridan	2	4,105	0.49
Hill	8	16,673	0.48
Liberty	1	2,158	0.46
Judith Basin	1	2,329	0.43
Ravalli	15	36,070	0.42
Lake	11	26,507	0.41
Big Horn	5	12,671	0.39
Flathead	25	74,471	0.34
Dawson	3	9,059	0.33
Lincoln	6	18,837	0.32
Carbon	3	9,552	0.31
Glacier	4	13,247	0.30
Phillips	1	4,601	0.22
Jefferson	2	10,049	0.20
Toole	1	5,267	0.19
Roosevelt	2	10,620	0.19
Pondera	1	6,424	0.16
Teton	1	6,445	0.16
Stillwater	1	8,195	0.12
Rosebud	1	9,383	0.11
Richland	1	9,667	0.10
Cascade	8	80,357	0.10
Broadwater	0	4,385	0.00
Carter	0	1,360	0.00
Choteau	0	5,970	0.00
Daniels	0	2,017	0.00
Fallon	0	2,837	0.00
Garfield	0	1,279	0.00
Golden Valley	0	1,042	0.00
Granite	0	2,830	0.00

County	Admissions in FY 2004	2000 County Census	Admissions per 1,000 residents
McCone	0	1,977	0.00
Meagher	0	1,932	0.00
Mineral	0	3,884	0.00
Petroleum	0	493	0.00
Powder River	0	1,858	0.00
Prairie	0	1,199	0.00
Treasure	0	861	0.00
Wheatland	0	2,259	0.00
Wibaux	0	1,068	0.00
Out of State	1		
Statewide Total	581	902,195	0.62

*Includes Admissions from Montana State Prison

**Includes Admissions from Montana Mental Health Nursing Care Center

Difference between Number of Admissions and Discharges to each County

Montana State Hospital Admissions and Discharges by County
July 2003 - June 2004

County	Admissions	Discharges	Difference
Beaverhead	6	9	3
Big Horn	5	2	-3
Blaine	4	2	-2
Broadwater	0	1	1
Carbon	3	3	0
Cascade	8	16	8
Custer	12	8	-4
Dawson	3	3	0
Deer Lodge	23	17	-6
Fergus	12	15	3
Flathead	25	31	6
Gallatin	44	38	-6
Glacier	4	3	-1
Hill	8	5	-3
Jefferson	2	7	5
Judith Basin	1	0	-1
Lake	11	12	1
Lewis & Clark	62	71	9
Liberty	1	1	0
Lincoln	6	5	-1
Madison	4	3	-1
Micone	0	1	1
Mineral	0	1	1
Missoula	92	77	-15
Musselshell	3	4	1
Park	24	23	-1
Phillips	1	1	0
Pondera	1	1	0
Powell	9	12	3

County	Admissions	Discharges	Difference
Ravalli	15	14	-1
Richland	1	0	-1
Roosevelt	2	1	-1
Rosebud	1	0	-1
Sanders	6	5	-1
Sheridan	2	1	-1
Silver Bow	96	88	-8
Stillwater	1	0	-1
Sweet Grass	2	1	-1
Teton	1	0	-1
Toole	1	1	0
Valley	5	4	-1
Yellowstone	73	51	-22
Out of State	1	30	29
Deceased		3	3
Total	581	571	-10

Three-Year Admission Totals by County

Notably, admissions from Missoula and Gallatin counties have doubled over the last three years; Silver Bow County is also up significantly.

Admissions by County 2002 - 2004

County	2002	2003	2004	3-Year Total
Yellowstone	100	86	73	259
Silver Bow	60	70	96	226
Missoula	43	66	92	201
Lewis and Clark	60	52	62	174
Gallatin	22	29	44	95
Flathead	36	25	25	86
Park	26	21	24	71
Deer Lodge	25	21	23	69
Cascade	28	15	8	51
Ravalli	11	10	15	36
Custer	9	7	12	28
Hill	9	10	8	27
Fergus	5	7	12	24
Lake	4	8	11	23
Powell	7	6	9	22
Beaverhead	7	6	6	19
Big Horn	3	7	5	15
Lincoln	3	6	6	15
Glacier	4	6	4	14
Richland	4	5	1	10
Blaine	2	3	4	9
Madison	3	2	4	9
Valley	4	0	5	9
Roosevelt	2	4	2	8

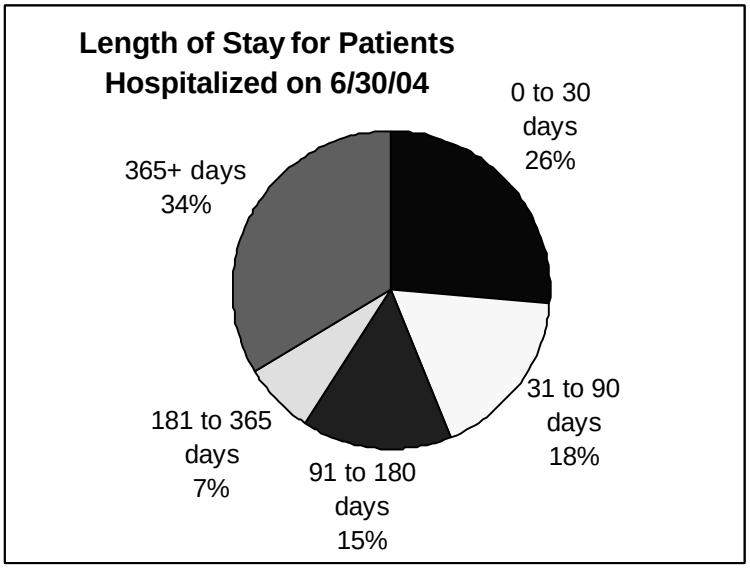
County	2002	2003	2004	3-Year Total
Sanders	1	1	6	8
Dawson	2	2	3	7
Jefferson	2	3	2	7
Rosebud	2	3	1	6
Carbon	0	2	3	5
Musselshell	1	0	3	4
Sheridan	2	0	2	4
Toole	3	0	1	4
Broadwater	0	3	0	3
Teton	1	1	1	3
Meagher	2	0	0	2
Phillips	0	1	1	2
Pondera	1	0	1	2
Sweet Grass	0	0	2	2
Daniels	0	1	0	1
Granite	0	1	0	1
Judith Basin	0	0	1	1
Liberty	0	0	1	1
Mineral	0	1	0	1
Stillwater	0	0	1	1
Wheatland	0	1	0	1
Carter	0	0	0	0
Choteau	0	0	0	0
Fallon	0	0	0	0
Garfield	0	0	0	0
Golden Valley	0	0	0	0
McCone	0	0	0	0
Petroleum	0	0	0	0
Powder River	0	0	0	0
Prairie	0	0	0	0
Treasure	0	0	0	0
Wibaux	0	0	0	0
Out of State	0	0	1	1
Total	494	492	581	1567

Average Length of Stay

Average length of stay is of great interest, but is very difficult to calculate in a hospital where a relatively small number of patients have extended stays that may last years due to the nature of their commitment or an illness that simply does not respond to treatment. Other hospitals in Montana do not serve similar patient populations or have similar external controls applied to admission and discharge processes, so accurate comparisons with other Montana Hospitals cannot be made. Calculating the length of stay for patients in the hospital excludes the people who are discharged, most of whom have relatively short lengths of stays. In other words, patients who have long stays are over represented in the data below, and people with short lengths of stays are under represented because this group turns over more rapidly.

Nonetheless, the following can be reported:

- The average (mean) length of stay for all patients hospitalized on June 30, 2004 was 616 days (1 year, 7 months). This includes two patients who have remained hospitalized for over 20 years.
- The median length of stay for all patients hospitalized on June 30, 2004 was 126 days.
- For patients hospitalized on June 30th on involuntary commitments, the average length of stay was 481 days and the median length of stay was 103 days.
- About 60% of the 581 patients admitted to Montana State Hospital in FY 04 entered on emergency detention or court ordered detention status. About 40% of these individuals were not committed, resulting in an average length of stay for these individuals of about 4 days.
- For patients entering the hospital on civil involuntary commitments, about 80% are discharged prior to the expiration of the initial 90 day commitment.
- For patients who have been admitted to Montana State Hospital multiple times over their lifetime, many have extended lengths of stay because previous attempts to provide community mental health services have been unsuccessful.



Type of Commitment for Patients Hospitalized on 6/30/04

Type of Commitment	Number of Patients	Percentage of Patient Population
Civil Commitments		
Voluntary	2	<1%
Emergency or Court Ordered Detention Pending Commitment Hearing	24	12%
Involuntary	121	62%
Forensic Commitments		
Court Ordered Evaluation	1	<1%
Unfit to Proceed	9	5%
Guilty but Mentally Ill	24	13%
Not Guilty by Reason of Mental Illness	11	6%
Transfer from Dept. of Corrections	3	2%

Montana State Hospital Staffing Data

Montana State Hospital Staff Allocations

MSH Clinical Services	Authorized	Vacant at end of Fiscal Year	Filled at End of Fiscal Year	Budget	Comments
Psychiatrists	6	1	5		Vacant Position has since been filled
Advance Practice Nurse	1	1	0		Seeking to recruit an additional psychiatrist and will reclassify position
Medical Doctors	2	0	2		
Dentist	0.4	0	0.4		
Psychology	8	0	8		
Education and Vocational	6.9	0	6.9		
Social Work	16	1	15		
Rehabilitation Therapy	13	0	13		
CD Counselors	3.75	0.75	3		Vacant Position has since been filled
Team Leaders	3	0	3		
Nursing Administration	9	0	9		
Nursing Supervisors	9	0	9		
Psychiatric Nurses (RN)	33.75	1	32.75		
Licensed Practical Nurses	41	4	37		
Psychiatric Technicians	119	0	119		On-call pool positions used to maintain minimal staffing levels
	271.8	8.75	263.05	$12,750,445	
Dietary Department	17.5	0	17.5		On-call pool positions to provide relief for absences
Housekeeping	15.5	0	15.5		
Maintenance & Transportation	24	0	24		
	57	0	57	$2,583,360	
Administration					
Hospital Administrator	1	0	1		
Administrative Officer	1	0	1		
Business Office	13	0	13		
Human Resources	2	0	2		
Health Information Services	14	0	14		
Quality Improvement, Staff Development, Safety Officer, and Security Officers	9	0	9		
	40	0	40	$1,560,541	
Total	368.8	8.75	360.05	$16,894,347	

Educational Level of MSH Workforce

M.D. or equivalent	2%
Ph.D.	2%
Master's Degree	3%
Bachelor's Degree	8%
Registered Nurse (2 years or more)	11%
Licensed Practical Nurse (1 year)	11%
High School	62%

MSH Operating Expenses FY 04 – Non-Personnel

Contracted Services

Pharmacy Administration	$328,580
State Agency Insurance	292,465
DOC Food Factory - Prep and Transport	208,327
Locum Psychiatrist	180,929
Outside Medical Services	166,568
Laundry	118,536
Laboratory Services	84,383
Contracted Treatment Services	63,863
Other	48,674
Dental Hygienist	23,836
State Agency Payroll Fee	18,765
U of M Psychology Student Assistantships	10,107
	$1,545,034

Utilities

Electricity	$266,589
Natural Gas	259,917
Energy Savings Project Repayments	202,450
Garbage and Trash Disposal	37,785
Water and Sewage	16,932
Propane	4,767
	$788,440

Supplies

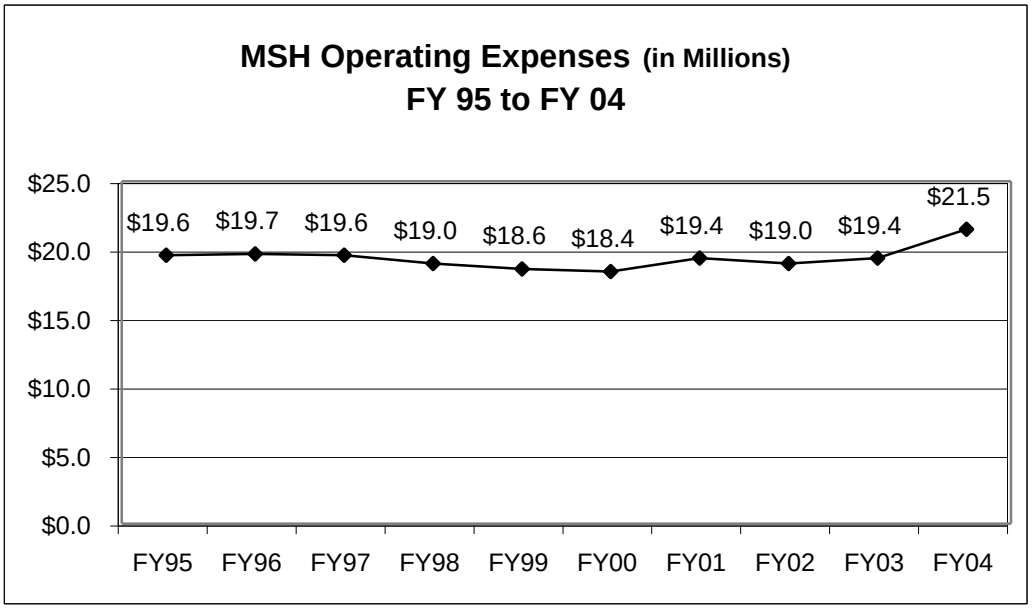
Pharmaceuticals	$1,165,539
Food	$307,744
Administration	$188,268
Patient Supplies	$67,713
Medical	$67,303
Housekeeping	$64,259
Maintenance	$63,012
	$1,923,838

Other

Communications	$62,153
Repair & Maintenance	83,126
Other Expenses	78,661
Equipment	64,509
Rent	58,745
Travel	16,103
	$363,296

Total Operating Expenses $4,620,608

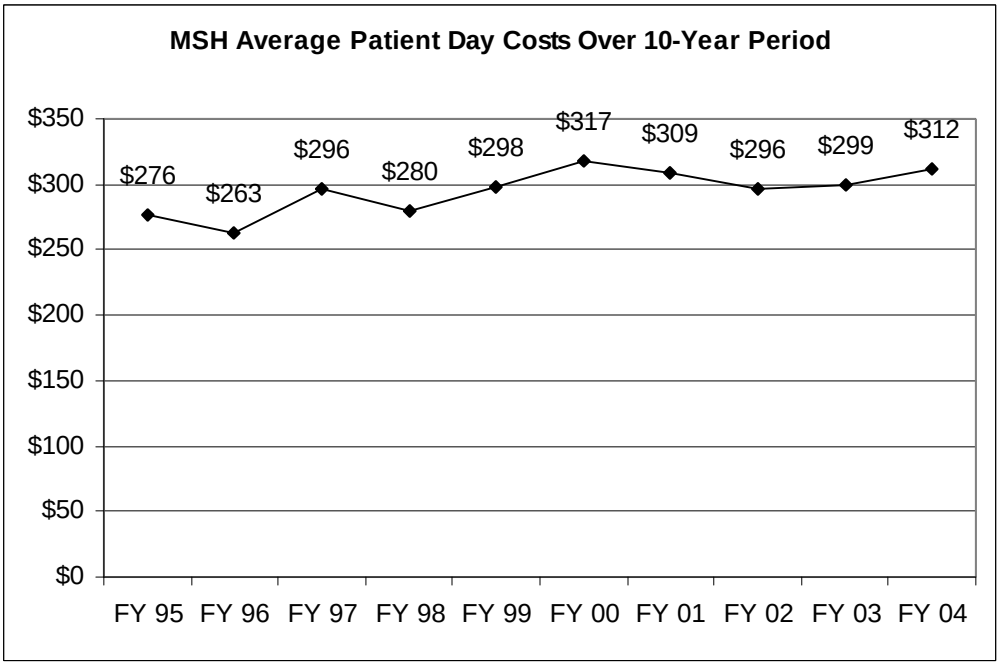
MSH Total Operating Expenses Over the Past 10 years



Cost per Patient Day

During a time when escalating healthcare costs are well documented and of significant concern to individuals, organizations, and government agencies across the country, the cost of hospitalization at Montana State Hospital has remained remarkably stable for over ten years.

Fiscal Year	Operating Expenditures	Avg. Daily Census	Cost per Patient Day	Admissions
FY95	**$19,671,289**	**195**	**$276**	**392**
FY96	**$19,710,427**	**205**	**$263**	**378**
FY97	**$19,658,585**	**182**	**$296**	**327**
FY98	**$19,022,671**	**186**	**$280**	**366**
FY99	**$18,600,340**	**171**	**$298**	**410**
FY00	**$18,425,082**	**159**	**$317**	**466**
FY01	**$19,420,414**	**172**	**$309**	**486**
FY02	**$18,999,287**	**176**	**$296**	**494**
FY 03	**$19,414,421**	**178**	**$299**	**492**
FY 04	**$21,514,955**	**189**	**$312**	**581**



Reimbursement Revenue Received and Paid to State General Fund

	Medicaid	Medicare	Insurance	Private Pay	County Paid Pre-Commitment Detention	District Court Paid – Forensic Evaluations	Total
FY 00	**513,855**	**89,923**	**521,742**	**573,472**	**203,637**	**169,382**	**2,072,011**
FY 01	**90,048**	**88,240**	**387,534**	**423,597**	**217,373**	**191,677**	**1,398,469**
FY 02	**241,885**	**3,662,794**	**519,214**	**418,041**	**203,531**	**45,564**	**5,091,028**
FY 03	**551,017**	**2,383,984**	**881,160**	**369,556**	**280,743**	**143,144**	**4,609,604**
FY 04	**484,450**	**1,647,785**	**401,796**	**539,816**	**317,104**	**128,120**	**3,519,071**

Patient and Staff Safety

We work continually to make the hospital a safe place for patients and for staff. However, accidents and injuries do occur. The table below provides information about they type of incidents reported during the year and the severity based on the level and type of follow-up required.

Staff Incident Reports Filed

July 2003 - June 2004

Incident Type	Total	No Treatment Necessary	First Aid	Medical Intervention	Hospitalization	Death	Property damage < $50	Property Damage > $50
Exposure to body fluids	2	0	0	2	0	0	0	0
Lifting Object	7	2	0	5	0	0	0	0
Lifting Patient	7	4	0	3	0	0	0	0
Other	78	43	16	19	0	0	0	0
Patient Assault	44	21	18	5	0	0	0	0
Patient Care	54	34	15	5	0	0	0	0
Physical Intervention	191	133	30	26	0	0	1	1
Recreation	3	1	0	2	0	0	0	0
Slip/Fall	19	13	1	5	0	0	0	0
Unknown	1	0	1	0	0	0	0	0
Total	406	251	81	72	0	0	1	1

Patient Incident Reports Filed

July 2003 - June 2004

Incident Type	Total	No Treatment Necessary	First Aid	Medical Intervention	Hospitalization	Death	Property damage < $50	Property Damage > $50
Altercation	158	48	110	0	0	0	0	0
Other	126	71	52	3	0	0	0	0
Patient Assault	97	25	72	0	0	0	0	0
Patient Care	2	0	2	0	0	0	0	0
Physical Intervention	71	18	53	0	0	0	0	0
Recreation	29	16	11	2	0	0	0	0
Seizure	4	3	0	1	0	0	0	0
Self Inflicted	132	75	53	3	1	0	0	0
Slip/Fall	179	65	113	1	0	0	0	0
Unknown	55	18	37	0	0	0	0	0
Total	853	339	503	10	1	0	0	0

Montana State Hospital
Phone Numbers

Main Hospital Switchboard		**693-7000**
Administrative Fax Number		**693-7069**
Hospital Administrator	Ed Amberg	693-7010
Medical Director	Thomas Gray, M.D.	693-7051
Director of Nursing	Susan Beausoleil, R.N., C.	693-7020
Director, Business & Support Services	Tracey Sweeney	693-7021
Director of Quality Improvement	Connie Worl	693-7052
Director of Health Information	Billie Holmlund	693-7131
Director of Human Resources	Todd Thun	693-7034
Maintenance Supervisor	Robert Suttle	693-7110
Psychiatrist, Admissions	T.J. Caddell, D.O.	693-7142
Psychiatrist, Admissions	Prakash Shet, M.D.	693-7101
Psychiatrist, Forensic	Virginia Hill, M.D.	693-7122
Psychiatrist, Geriatric	Thomas Gray, M.D.	693-7051
Psychiatrist, Psychosocial Rehab	Julie Maggiolo, M.D.	693-7070
Psychiatrist, Psychosocial Rehab	Liviu, Goia, M.D.	693-7477
Medical Clinic	Jerry Dirkers, M.D.	693-7156
Medical Clinic	Gary Lord, M.D.	693-7121
Chief, Psychology	Polly Peterson, Ph.D.	693-7120
Chief, Social Work and Admissions	Randy Vetter, MSW	693-7149
Chief, Rehabilitation Services	Cheryl Eamon	693-7145
Team Leader – A Unit	Ossie Watkins	693-7091
Team Leader – B and PRU Units	Helen Amberg	693-7075
Team Leader – D and E Units	Ray McMillan	693-7422
Safety Coordinator	Bill Calhoun	693-7207
Board of Visitors Attorney	Craig Fitch	693-7037
Board of Visitors Advocate	Mary Fitzpatrick	693-7035